

# Missouri Bureau of Vital Records

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## Funeral Home Training Packet



Missouri Department of Health & Senior Services  
930 Wildwood Drive  
Jefferson City, MO 65109

## **Funeral Home**

Funeral directors and funeral home staff are responsible for registering accurate and complete records of death. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as death certificates, in Missouri.

The death certificate is a permanent legal record of the fact and cause of death and funeral directors should work with medical certifiers to obtain medical certification and register these important records. Families use these permanent legal records to settle the affairs of their loved ones and to obtain insurance, veteran, and retirement benefits, among other legal or personal purposes. As a service to the decedent's family, a funeral director should prepare an accurate death record. This responsibility makes the funeral director a pivotal role in the death registration system.

### **Training Resources**

#### **National Center for Health Statistics – Training and Instructional Materials**

(<https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm>)

#### **Missouri Electronic Vital Records (MoEVR) Training and Support**

(<https://health.mo.gov/data/vitalrecords/training/index.php>)

### **National Vital Statistics System**

In the United States, the legal authority to register deaths lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share death record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national mortality statistics inform a variety of medical and health-related research efforts. Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g., drug overdose deaths, influenza, and other infectious diseases).

### **Why Go Electronic?**

The benefits of being an electronically registered funeral director/home in MoEVR include:

- Quickly electronically start and register a death certificate anywhere, anytime
- Electronically send a death certificate to a medical certifier for certification with no travel time, personal contact, or mailing transit times
- Real-time prompts, edits, and validations ensure both personal and medical information is not missing or incomplete delaying or preventing the registration of a death certificate
- Reduced registration lag times and decreased possibility of loss, theft, and fraud

## Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**124 -**

VS 300 MO 580-2211 (1-10)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|--|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. SEX                                                                  |                                                                                                                                                                                                                                                | 3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | 4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)                              |  |
| 5. SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6a. AGE - Last Birthday (Years)                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6b. UNDER 1 YEAR<br>MONTHS    DAYS                                      |                                                                                                                                                                                                                                                | 6c. UNDER 1 DAY<br>HOURS    MINUTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | 7. DATE OF BIRTH (Month, Day, Year)                                                 |  |
| 8. BIRTH-PLACE (City and State or Foreign Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 9a. RESIDENCE (COUNTRY)<br>(STATE, TERRITORY or PROVINCE)                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9b. COUNTY                                                              |                                                                                                                                                                                                                                                | 9c. CITY, TOWN, OR LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                     |  |
| 9d. STREET AND NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9e. APARTMENT NO.                                                       |                                                                                                                                                                                                                                                | 9f. ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | 9g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 10. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                | 12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                     |  |
| 13. FATHER'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 15a. INFORMANT'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15b. RELATIONSHIP TO DECEDENT                                           |                                                                                                                                                                                                                                                | 15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| <b>16. PLACE OF DEATH (Check only one: see instructions.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| IF DEATH OCCURRED IN A HOSPITAL<br><input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL<br><input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 17. FACILITY NAME (If not institution, give street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 18. CITY OR TOWN, STATE AND ZIP CODE                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | 19. COUNTY OF DEATH                                                                 |  |
| 20a. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       | 20b. DATE OF DISPOSITION (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | 21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22. LOCATION (City or Town, State) |                                                                                     |  |
| 23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | 25. FUNERAL ESTABLISHMENT LICENSE NUMBER                                            |  |
| 26. ACTUAL OR PRESUMED TIME OF DEATH<br><div style="text-align: center;">M</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 27. WAS MEDICAL EXAMINER/CORONER CONTACTED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| <b>CAUSE OF DEATH (See instructions and examples in handbook)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 28. <b>PART I.</b> Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST.</b> b. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| c. _____ Due to (or as a consequence of):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| d. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| <div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">COPY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 31. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 32. IF FEMALE<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 34. DATE OF INJURY (Month, Day, Year) (Spell Month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                       | 35. TIME OF INJURY<br><div style="text-align: center;">M</div>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | 36. PLACE OF INJURY (e.g., decedent's home, construction site, restaurant, wooded area)                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | 37. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |  |
| 38a. LOCATION OF INJURY - STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 38b. COUNTY                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 38c. CITY OR TOWN                                                       |                                                                                                                                                                                                                                                | 38d. STREET AND NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | 38e. ZIP CODE                                                                       |  |
| 39. DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 40. IF TRANSPORTATION ACCIDENT (SPECIFY)<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 41. CERTIFIER (CHECK ONLY ONE)<br><input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.<br><input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| SIGNATURE ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    | 43. TITLE OF CERTIFIER                                                              |  |
| 44. CERTIFIER MO LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       | 45. CERTIFIER NPI NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                                                                                                                                                                                                | 46. DATE CERTIFIED (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                     |  |
| 47. REGISTRAR'S SIGNATURE<br>▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |
| 49. DECEDENT'S EDUCATION<br>(Check the box that best describes the highest degree or level of school completed at time of death.)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th - 12th grade; no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit, but no degree<br><input type="checkbox"/> Associate degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) |  |                                                                                                                                                                                                                                                                       | 50. DECEDENT OF HISPANIC ORIGIN?<br>(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.)<br><input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ |                                                                         |                                                                                                                                                                                                                                                | 51. DECEDENT'S RACE<br>(Check one or more races to indicate what the decedent considered himself or herself to be.)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian (Specify) _____<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Unknown |                                    |                                                                                     |  |
| 52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED".)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | 53. KIND OF BUSINESS/INDUSTRY                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                     |  |

☐ EMBALMED    ☐ NOT EMBALMED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the deceased named above was embalmed by me, \_\_\_\_\_ (Name and Licensee Number)  
or by student \_\_\_\_\_ (Name and Licensee Number) on \_\_\_\_\_ (Date) working under my personal supervision.

City or Town \_\_\_\_\_ State \_\_\_\_\_

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

Date Certified (Month, Day, Year) \_\_\_\_\_

Boxes Completed by Medical Certifier

## **Child's Death Reported to Coroner**

**58.452.** Child's death under age eighteen, notice to coroner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by coroner, penalty. –

1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review pane. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194.
2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.
3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is a disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.
4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.
5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 Aug 1994

## Medical Examiner Investigates

**58.720.** Medical examiner, certain counties, to investigate, when –death certificate issued, when – place of death – two counties involved, how determined – efforts to accommodate organ donation. –

1. When any person dies within a county having a medical examiner as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Thermal, chemical, electrical, or radiation injury;
- (3) Criminal abortions, including those self-induced;
- (4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:
  - (a) Suddenly when in apparent good health;
  - (b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;
  - (c) While in the custody of the law, or while an inmate in a public institution;
  - (d) In any unusual or suspicious manner;

the police, sheriff, law enforcement official or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions.

3. Notwithstanding the provisions of subsection 2 of this section to the contrary, when a death occurs under the care of a hospice, no investigation shall be required if the death is certified by the treating physician of the deceased or the medical director of the hospice as a natural death due to disease or diagnosed illness. The hospice shall provide written notice to the medical examiner within twenty-four hours of the death.

4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the medical examiner, upon being advised of such facts, may at

his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

5. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.

6. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.

7. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.

(2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

(3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.

(4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

8. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self-induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.



9. Except as provided in subsection 6 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of death.

10. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.

(L. 1973 S.B. 122 §§ 7, 8, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811, A.L. 2008 S.B. 1139, A.L. 2020 H.B. 2046)

## **Child's Death Reported to Medical Examiner**

**58.722.** Child's death under age eighteen, notice to medical examiner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by medical examiner, penalty. –

1. When any person dies within a county having a medical examiner and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. The medical examiner shall notify the division of the child's death pursuant to section [210.115](#). The medical examiner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section [210.194](#).

2. If the medical examiner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the medical examiner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team, have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth, dies, the medical examiner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the medical examiner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team.

If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a medical examiner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 August 1994

## **Death Certificate Electronic System**

**193.145.** Death certificate – electronic system – contents, filing, locale, duties of certain persons, time allowed – certificate marked presumptive, when. –

1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section [193.265](#) within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section [193.265](#). Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section [193.265](#) until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death

occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

(1) The personal data from the next of kin or the best qualified person or source available;

(2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the

accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under [chapters 334](#) and [335](#) of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under [chapter 58](#), the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training, as established by the coroner standards and training commission under the provisions of section [58.035](#), has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office.

(L. 1984 S.B. 574, A.L. 1989 S.B. 389, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49, A.L. 2010 H.B. 1692, et al. merged with S.B. 754, A.L. 2013 S.B. 186, A.L. 2015 H.B. 618, A.L. 2020 H.B. 2046)

## **Delayed Filing**

### **193.155.** Delayed filing, registration. –

1. When a death occurring in this state has not been registered within the time period described by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.
2. Certificates of death registered one year or more after the date of death shall be marked “Delayed” and shall show on their face the date of the delayed registration.

(L. 1984 S.B. 574) Effective – 28 August 1984

## **Fetal Death Reports**

### **193.165.** Spontaneous fetal death report – release of reports – application for certificate of birth resulting in stillbirth, procedure. –

1. Each spontaneous fetal death of twenty completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of delivery, or a weight of three hundred fifty grams or more, which occurs in this state shall be reported within seven days after delivery to the local registrar or as otherwise directed by the state registrar.
2. When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.
3. When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.
4. When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the medical examiner or coroner, the medical examiner or coroner shall investigate the cause of spontaneous fetal death and shall prepare and file the report within seven days.
5. When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of the spontaneous fetal death is unknown, the spontaneous fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of the spontaneous fetal death.
6. Notwithstanding any provision of the law to the contrary, individuals with direct and tangible interest, as defined by the department of health and senior services, may receive the spontaneous fetal death report.
7. In the event of a spontaneous fetal death, regardless of whether such death occurs before or after August 28, 2004, either parent, or if both parents are deceased, a sibling of the stillborn child, shall have the right to file an application with the state registrar and other custodians of vital records requesting a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to this section.

(L. 1984 S.B. 574, A.L. 1999 S.B. 25, A.L. 2004 H.B. 1136) Effective – 28 August 2004

## **Notification of Death & Cremation Requirements**

**193.175.** Person in charge of final disposition of dead body to file notification of death – cremation, requirements – tag affixed with identifying information, requirements. –

1. The funeral director or person acting as such in charge of final disposition of a dead body shall file a completed notification of death with the local registrar where the death occurred. Such notification of death shall be on a form or in a format prescribed and furnished by the state registrar and shall be filed or postmarked prior to the date of final disposition of the body. Such notification of death shall authorize final disposition except as otherwise stated in this section or in section [193.145](#). If the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation and shall authorize cremation except as stated in section [193.145](#).

2. The funeral director or person in charge of final disposition of a dead body shall, prior to the interment of such dead body, affix on the ankle or wrist of the deceased and/or in a capsule placed in the casket or, if the dead body is cremated, on the inside of the vessel containing the remains, a tag encased in durable and long-lasting material containing the name of the deceased, the date of birth, date of death and Social Security number of the deceased.

(L. 1984 S.B. 574, A.L. 1994 S.B. 553) Effective – 28 Aug 2004

## **Preserving Records/Certified Copies**

**193.225.** Methods of preserving records, requirements – certified reproductions accepted as originals – death record originals transferred to state archives. – To preserve vital records, the state registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of vital statistics certificates or reports. Such reproducing material shall be of durable material and the device used to reproduce the records shall be as to accurately reproduce and perpetuate the original records in all details ensuring their proper retention and integrity in accordance with standards established by the state records commission. Such reproductions when certified by the state registrar shall be accepted as the original records. Death records over fifty years old from which permanent reproductions have been made and verified shall be transferred to the Missouri state archives.

(L. 19984 S.B. 574, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

## Cannot Make Copies for Use by Others

**193.245.** Inspection and copying of records, disclosure of information, unlawful unless authorized – authority. – It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255;
- (4) Copies of death records over fifty years old may be disclosed upon request.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

## Fees for Certificates

**193.265.** Fees for certification and other services – distribution – services free, when. –

1. For the issuance of a certification or copy of a death record, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. No fee shall be required or collected for a certification of birth, death, or marriage if the request for certification is made by the children's division, the division of youth services, a guardian ad litem, or a juvenile officer on behalf of a child or person under twenty-one years of age who has come under the jurisdiction of the juvenile court under section [211.031](#). All fees collected under this subsection shall be deposited to the state department of revenue. Beginning August 28, 2004, for each vital records fee collected, the director of revenue shall credit four dollars to the general revenue fund, five dollars to the children's trust fund, one dollar shall be credited to the endowed care cemetery audit fund, one dollar for each certification or copy of death records to the Missouri state coroners' training fund established in section [58.208](#), and three dollars for the first copy of death records and five dollars for birth, marriage, divorce, and fetal death records shall be credited to the Missouri public health services fund\* established in section [192.900](#). Money in the endowed care cemetery audit fund shall be available by appropriation to the division of professional registration to pay its expenses in administering sections [214.270 to 214.410](#). All interest earned on money deposited in the endowed care cemetery audit fund shall be credited to the endowed care cemetery fund. Notwithstanding the provisions of section [33.080](#) to the contrary, money placed in the endowed care cemetery audit



fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the endowed care cemetery audit fund for the preceding fiscal year. The money deposited in the public health services fund under this section shall be deposited in a separate account in the fund, and moneys in such account, upon appropriation, shall be used to automate and improve the state vital records system, and develop and maintain an electronic birth and death registration system. For any search of the files and records, when no record is found, the state shall be entitled to a fee equal to the amount for a certification of a vital record for a five-year search to be paid by the applicant. For the processing of each legitimation, adoption, court order or recording after the registrant's twelfth birthday, the state shall be entitled to a fee equal to the amount for a certification of a vital record. Except whenever a certified copy or copies of a vital record is required to perfect any claim of any person on relief, or any dependent of any person who was on relief for any claim upon the government of the state or United States, the state registrar shall, upon request, furnish a certified copy or so many certified copies as are necessary, without any fee or compensation therefor.

2. For the issuance of a certification of a death record by the local registrar, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For each fee collected under this subsection, one dollar shall be deposited to the state department of revenue and the remainder shall be deposited to the official city or county health agency. The director of revenue shall credit all fees deposited to the state department of revenue under this subsection to the Missouri state coroners' training fund established in section [58.208](#).

3. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars; except that, in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a donation of one dollar may be collected by the local registrar over and above any fees required by law when a certification or copy of any marriage license or birth certificate is provided, with such donations collected to be forwarded monthly by the local registrar to the county treasurer of such county and the donations so forwarded to be deposited by the county treasurer into the housing resource commission fund to assist homeless families and provide financial assistance to organizations addressing homelessness in such county. The local registrar shall include a check-off box on the application form for such copies. All fees collected under this subsection, other than the donations collected in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants for marriage licenses and birth certificates, shall be deposited to the official city or county health agency.

4. A certified copy of a death record by the local registrar can only be issued within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.



5. No fee under this section shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section [167.020](#), or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate under this provision shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 1990 H.B. 1079, A.L. 1992 H.B. 894, A.L. 1999 H.B. 343, A.L. 2004 H.B. 795, et al., A.L. 2010 H.B. 1643 merged with H.B. 1692, et al. merged with S.B. 754, A.L. 2018 S.B. 819, A.L. 2020 H.B. 1414 merged with H.B. 2046)

## **Mother's Right to Determine**

**194.378.** Final disposition of fetal remains, mother has right to determine. – In every instance of fetal death, the mother has the right to determine the final disposition of the remains of the fetus, regardless of the duration of the pregnancy. The mother may choose any means of final disposition authorized by law or by the director of the department of health and senior services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Protected Mother's Rights**

**194.384.** Written standards required for protection of mother's right to determine final disposition. – Every hospital, outpatient birthing clinic, and any other health care facility licensed to operate in this state shall adopt written standards for the final disposition of the remains of a human fetus as provided in sections [194.375 to 194.390](#) for protection of a mother's right pursuant to section [194.378](#) and for notice as required in section [194.387](#).

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Miscarriage and Mother's Rights**

**194.387.** Miscarriage – mother's right to determine final disposition of remains – counseling made available, when. –

1. Within twenty-four hours after a miscarriage occurs spontaneously or accidentally at a hospital, outpatient birthing clinic, or any other health care facility, the facility shall disclose to the mother of the miscarried fetus, both orally and in writing, the mother's right to determine the final disposition of the remains of the fetus. The facility's disclosure shall include giving the mother a copy of the facility's written standards adopted pursuant to section [194.384](#).

2. The facility shall make counseling concerning the death of the fetus available to the mother. The facility may provide the counseling or refer the mother to another provider of appropriate counseling services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Transfer of Body**

**198.071.** Death of a resident, persons to contact prior to transfer of deceased. — The staff of a residential care facility, an assisted living facility, an intermediate care facility, or a skilled nursing facility shall attempt to contact the resident's immediate family or a resident's responsible party, and shall contact the attending physician and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home.

(L. 2003 S.B. 556 & 311) Effective – 28 Aug 2003

## Which Deaths Must be Reported to the Coroner?

Any death suspected of being caused by injury must be reported to the coroner, even if the injury occurred days, weeks, months, or years before the death. Even if an injury only contributes to an otherwise natural death, the death should still be reported. Reportable injuries include:

1. Falls
2. Blunt force or crushing injuries
3. Sharp force (cutting, stabbing, or chopping) injuries
4. Injuries from firearms (handguns, rifles, shotguns, or other)
5. Explosion
6. Electrocutions and lightning strikes
7. Asphyxia (suffocation, strangulation, hanging, exclusion of oxygen, poisoning by gases [carbon monoxide, poisoning by cyanide, or other])
8. Vehicular accidents (automobile, bus, railroad, motorcycle, bicycle, boat, aircraft, or other craft) including deaths of drivers, passengers, pedestrians, or non-occupants involved in the accidents
9. Drowning
10. Weather-related injuries (lightning, heat or cold exposure, tornado, or other)
11. Drug use, prescription or illicit
12. Poisoning or chemical ingestions
13. Burns (chemical, thermal, radiation, electrical, etc.)
14. Criminal abortions, including those self-induced (these include maternal or fetal deaths that may be caused from illegal interference with the pregnancy or from criminal activity)
15. Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health. (These include deaths caused by acute rapidly fatal illnesses, such as fulminant meningitis. Any death caused by highly infectious agents capable of causing an epidemic should be reported.) **Note:** Deaths due to Acquired Immunodeficiency Syndrome (AIDS) are usually not reportable.
16. Deaths that occur during employment or that are related to employment or deaths that occur in public places, such as buildings, streets, parks, or other similar areas must be reported.
17. When any person dies suddenly:
  - a. When in apparent good health. These deaths include:
    - i. Sudden and unexpected deaths
    - ii. Deaths for which the attending physicians cannot supply adequate or reasonable explanations
    - iii. Person found dead without obvious causes of death
  - b. When unattended by a physician, chiropractor, or an accredited Christian Science Practitioner, during the thirty-six hours that immediately precedes the death. **Note: Missouri Vital Records rules and statutes do not include a twenty-four hour time period in relation to reporting deaths due to trauma, unusual, sudden, or suspicious manner.** A death occurring less than twenty-four hours after hospital admission is not necessarily reportable, such as hospice or terminally ill cases.

- c. While in the custody of the law, or while an inmate in a public institution.
  - i. All deaths occurring in correctional institutions, reformatories, or other incarceration or detention areas are reportable.
  - ii. Deaths of persons under police custody or police hold, regardless of the probable cause and manner are also reportable.
- d. Deaths occurring in any unusual or suspicious manner. The following are also reportable:
  - i. Deaths while under anesthesia, during the post-anesthetic period, or during induction of anesthesia, regardless of the interval between the original incident and the death.
  - ii. Deaths during or following diagnostic or therapeutic procedures, if the deaths might be related to the procedures or the complications resulting from the procedures.
  - iii. Deaths occurring under unknown circumstances, when there are no witnesses, or where there is little or no information concerning previous medical histories.
  - iv. Deaths in which the treating physicians are unavailable or are unwilling to certify the cause of death.
  - v. Whenever anatomic material suspected of being a part of a human body is found, such as bones, human organs, fetal parts, placentas, etc.

## **B. Who reports the death?**

“The police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death. Immediately upon receipt of notification, the coroner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical cause of death.”

## **C. What about child deaths?**

“When any person dies within a county and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official or any person having knowledge of such death shall immediately notify the coroner of known facts concerning the time, place, manner and circumstances of the death. Under Missouri law, all child deaths, involving individuals below the age of eighteen years, must be reported.”

## **D. Who signs the death certificate?**

The coroner or his deputy signs the death certificates in all cases where he/she has assumed jurisdiction. A private physician should sign the death certificate of his patient only if the patient has been under the care of this physician and the patient has died of natural causes. After receiving notification of a death and performing an initial investigation, the coroner or his deputy may elect to decline jurisdiction of the death. In that situation, the private physician may sign the death certificate.

**AUTHORIZATION TO CREMATE TEMPLATE  
PUT ON FUNERAL HOME LETTERHEAD**

Date: \_\_\_\_\_

Due to the family's decision for cremation of \_\_\_\_\_, Missouri Revised Statutes (RSMo), Section 193.175.1 indicates, "...if the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation..."

Additionally, the Missouri Code of State Regulations indicates, "...if a completed death certificate cannot be filed because the cause of death has not been determined, a body shall not be cremated until written authorization from the...medical certifier is received by the funeral director..."

We would appreciate it if you would please sign the statement below that would authorize cremation until the official certificate of death is completed. Please fax it back to us at (\_\_\_\_) \_\_\_\_\_.

The statement will allow us to cremate in a timely manner according to the wishes of the family.

I, \_\_\_\_\_, do certify that I am the medical certifier of record and will  
PRINT NAME

Complete the cause of death and sign the official *Certificate of Death* for \_\_\_\_\_.  
NAME OF DECEASED This statement is to allow the family to proceed with the cremation and service plans.

\_\_\_\_\_  
Medical Certifier Signature

\_\_\_\_\_  
License Number (if applicable)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES - BUREAU OF VITAL RECORDS

**OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION**

**This notification is to be used only when deemed necessary by Funeral Home Licensee.**

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

**I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR**

|                                    |                        |                                       |                                                  |
|------------------------------------|------------------------|---------------------------------------|--------------------------------------------------|
| DECEDENT                           |                        | WAS FILED WITH THE LOCAL REGISTRAR OF |                                                  |
| COUNTY                             | , MISSOURI             | ON                                    | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) |
| CEMETERY OR<br>CREMATORY -<br>NAME | LOCATION (CITY, STATE) |                                       | DATE (MONTH, DAY, YEAR)                          |
| SIGNATURE (FUNERAL HOME LICENSEE)  |                        |                                       | MO. LICENSE NUMBER                               |

MO 580-0727 (9-03) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis VS-302 (9-03)

## **Sample Letter for Local Registrars to Issue Out of Country Disposition**

*Statement should be placed on Department/Office Letterhead*

*This letter must be notarized. A certified copy of the death certificate should also be notarized and attached. Authentication by the Secretary of State's office will be required. Please contact Missouri Department of Health and Senior Services Bureau of Vital Records at 573-751-6387 option 4 for additional guidance.*

Information has been reviewed from the death certificate of (name of deceased) who expired on (date of death) in (give city/county), Missouri. The cause of death was determined to be (give cause) by (give medical examiner/coroner, physician's name) of (give name of city/county).

It has also been determined by the certifier that (name of deceased) is free of communicable disease and has been released by (medical examiner/coroner, physician) for proper disposition by (give funeral home/service) of (give location of funeral home/service including city and state).

The body is to be removed from (give name of city/county), Missouri to (give state/country of burial).

Your signature & title  
Affix seal

**Notary Signature and Seal**

## **Courier Service as an Alternate to Mailing Death Certificates**

As an alternative to mailing death certificates through the United States Postal Service to the Bureau of Vital Records, you may choose to send them to the bureau using the State Public Health Laboratory courier service. Information about the courier service including drop off locations and pickup time can be found at <https://health.mo.gov/lab/courierservices.php>.

Please direct any questions about using the courier service for death certificates to the Bureau of Vital Records at 573-751-6387, Option 3. Again, using the courier is an option. You may also continue to mail death certificates using the postal service.



## Drop to Paper (DTP) Death Certificate Local Issuance Completion Guide

|                                                                                                    |                            |
|----------------------------------------------------------------------------------------------------|----------------------------|
| <b>STATEMENT BY LICENSED EMBALMER</b>                                                              |                            |
| <input type="checkbox"/> EMBALMED <input type="checkbox"/> NOT EMBALMED                            |                            |
| I hereby certify that the deceased named above was embalmed by me, _____                           |                            |
| or by student _____                                                                                | (Name and Licensee Number) |
| _____                                                                                              | (Date)                     |
| working under my personal supervision.                                                             |                            |
| _____                                                                                              | City or Town               |
| _____                                                                                              | State                      |
| NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license. |                            |
| Date Certified (Month, Day, Year)                                                                  |                            |

Drop to Paper (DTP) death certificates can be:

1. Registered locally at a local public health agency (LPHA) and then issuable per state law for twenty-four (24) hours upon receipt, after which, the certificate shall be sent to the Bureau of Vital Records (BVR) in Jefferson City for final registration and assignment of a State File Number (SFN). In the event a certificate was accidentally accepted with errors or missing information at the local level, it **cannot** be sent back to be corrected, as copies could have already been issued at the local level. Therefore, a notarized correction affidavit will be required to correctly document and process any changes and officially register the record for permanent archival. **The certificate should not be re-dropped from MoEVR and a LPHA should never register a re-dropped certificate.** This results in duplicate registered versions. Therefore, all LPHAs should keep a log documenting all DTP death certificates they locally register. Until the errors and/or missing information is corrected and the certificate is accepted by BVR in Jefferson City, the record is not officially registered at the state level nor available for issuance at any level. After state registration, short form computer generated copies are issuable at the local level and short or long forms are available at the state level.

**OR**

2. not registered locally and couriered by an LPHA to BVR or mailed directly to BVR by a funeral home for final registration and assignment of a State File Number (SFN). If a DTP death certificate is not registered at the local level and sent directly to BVR, and the certificate has missing or blank information that prevents registration, it can simply be sent back to the funeral director to obtain missing information from the appropriate data provider and resubmitted. After state registration, short form copies are issuable at the local level and short or long forms are available at the state level.

**Please carefully follow these steps to ensure a drop to paper (DTP) death certificate will be accepted and registered for permanent archival at the Bureau of Vital Records (BVR) in Jefferson City.**

1. Ensure there are no signs the record has been altered. This includes scratch-outs or strike-throughs (even with initials next to the strike), write-overs, type-overs, and white-outs. The

error should be shown to the individual presenting the record with instruction that the record is unable to be filed and needs to be redone.

2. Check that the certificate is printed on 8 ½ x 14 security paper with the blue color and seal on the back.
3. No watermarks are permitted on the form (Most common is a watermark for “Office Copy”)
4. Additionally, a record being submitted **must have DTP-YYYY** located in the lower left corner below the “NOTE:” in order to be able to be locally registered. Certificates without this marking **cannot** be locally registered and should be sent directly to the Bureau of Vital Records.
5. A thorough, box by box, review of the death certificate needs to be made. If a required item is missing, the record should be returned to the presenter to take to the appropriate data provider to be completed. The record may be couriered directly to BVR instead of being registered at the local level. Once registered, short form death certificate copies can still be issued at the local level.

Below is a step-by-step guide.

1. **Decedent’s Legal Name** (include AKA’s if any) (First, Middle, Last, Suffix)
  - Must be present in First, Middle, Last name order
2. **Sex**
  - Must be male (M) or female (F)
3. **If Female, Last Name Prior to First Marriage**
  - Must be present if the decedent is a woman
  - May match Legal Name
4. **Actual or Presumed Date of Death** (Month, Day, Year)
  - Must be present in Month, Day, Year order
5. **Social Security Number**
  - May be “unknown”
6. **Age – Last Birthday Years**
  - Must be present (this should be consistent with the Date of Death minus Date of Birth)
  - If 6a is blank 6b or 6c should be completed
    - a. >59 minutes, hours should be used
    - b. >23 hours, days should be used
    - c. >28 days, months should be used
    - d. >11 months, years should be used
7. **Date of Birth** (Month, Day, Year)
  - Must be present
8. **Birthplace** (City and State or Foreign Country)
  - Must be present
9. **Decedent’s Residence**
  - a. **Country, State, Territory or Province**
    - Must be present
  - b. **County**

- Must be present
- c. **City, Town, or Location**
  - Must be present
- d. **Street and Number**
  - Must be present
- e. **Apartment No.**
  - May be blank
- f. **Zip Code**
  - Must be present
- g. **Inside City Limits**
  - Must be answered
- 10. **Was Decedent Ever in U.S. Armed Forces?**
  - Must be present
- 11. **Marital Status at Time of Death**
  - Must be present
- 12. **Surviving Spouse's Name (if wife, give name prior to first marriage)**
  - May be blank if Widowed, Divorced, Never Married, or Unknown
- 13. **Father's Name** (First, Middle, Last, Suffix)
  - Must be present – may be “unknown”
- 14. **Mother's Name Prior to First Marriage**
  - Must be present – may be “unknown”
- 15. **Informant's Information**
  - Informant's Name** (First, Middle, Last, Suffix)
    - Must be present
  - Relationship to Decedent**
    - Must be present
    - Cannot contradict 11 and 12 (11 – divorced, 15b spouse)
  - Mailing Address** (Street and Number, City, State, and Zip Code)
    - Must be present and complete
- 16. **Place of Death**
  - Must be present
  - If “other” where has to be specified (written in)
- 17. **Facility Name**
  - Must be present
  - If 16 is decedent's home then 17 must match 9d
- 18. **City or Town, State and Zip**
  - Must be present
  - If 16 is decedent's home then 18 must match 9c and 9f
- 19. **County of Death**
  - Must be present
  - If 16 is decedent's home then 18 must match 9c and 9f
- 20. **Disposition**

- a. **Method of Disposition**
  - Must be present
  - Only one may be chosen
- b. **Date of Disposition**
  - May be blank
  - Must be after the Date of Death
- 21. **Place of Disposition**
  - Must be present
- 22. **Location**
  - Must be present – this is the location of disposition
- 23. **Name and Complete Address of Funeral Facility**
  - Must be present and complete
- 24. **Signature of Funeral Service Licensee or Other Person Acting as Such**
  - Must be present
  - It may be typed if “DTP-YYYY” (YYYY=year) is below the note at the bottom, left of the page
- 25. **Funeral Establishment License Number**
  - May be blank if disposition was not handled by a funeral home but normally present
  - e.g. body donated to science or hospital disposition
- 26. **Actual or Presumed Time of Death**
  - Must be present
  - Must be complete (e.g. 6:54 requires an AM or PM, 12:00 noon or midnight)
- 27. **Was Medical Examiner/Coroner Contacted**
  - Must be marked
- 28. **Cause of Death**
  - Part I**
    - a. Must be present – approximate interval may be blank
    - b. May be blank – approximate interval may be blank
    - c. May be blank – approximate interval may be blank
    - d. May be blank – approximate interval may be blank
  - Part II – other significant conditions contributing to death**
    - May be blank
- 29. **Was an Autopsy Performed?**
  - Must be marked
- 30. **Were Autopsy Findings Available to Complete the Cause of Death?**
  - May be blank if #29 is marked “NO”
- 31. **Did Tobacco Use Contribute to Death?**
  - Must be marked
- 32. **If Female**
  - May be blank if the decedent is male
  - Must be marked if female is between the ages of 10 and 65

**33. Manner of Death**

- Must be marked
- Should be “Natural” if not signed by Medical Examiner or Coroner

**34-39 is all or none. No “N/A” allowed. This is where a Medical Examiner or Coroner inputs injury information.**

**34. Date of Injury**

- May be blank if no injury was present

**35. Time of Injury**

- May be blank if no injury was present

**36. Place of Injury** (e.g. decedent’s home; construction site; restaurant; wooded area)

- May be blank if no injury was present

**37. Injury at Work?**

- May be unmarked if no injury was present

**38. Location of Injury**

a. State

- May be blank if no injury was present

b. County

- May be blank if no injury was present

c. City or Town

- May be blank if no injury was present

d. Street and Number

- May be blank if no injury was present

e. Zip Code

- May be blank if no injury was present

**39. Describe how injury occurred**

- May be blank if no injury was present

**40. If Transportation Accident (Specify)**

- May be unmarked if not transportation related
- Must be blank if 34-39 blank

**41. Certifier** (Check Only One)

- Must be marked
- Must be signed by the person whose name is in box 42

**42. Name, Address and Zip Code of Person Completing Cause of Death (Item 28)**

- Must be present
- Must be complete – Name, street address, city, state, and zip code

**43. Title of Certifier**

- Must be present

**44. Certifier MO License Number**

- May be blank if not licensed in Missouri
- May be blank if certifier is a Coroner

- Check that this number is correct at <https://pr.mo.gov/licensee-search.asp>
45. **Certifier NPI Number**
- Must be present if #44 is blank and #42 is checked “Medical Certifier”
  - May be blank if #44 is filled
  - May be blank if certifier is a Coroner
  - Check that this number is correct at <https://npiregistry.cms.hhs.gov/>
46. **Date Certified** (Month, Day, Year)
- Must be present
  - Must be the date of death or later but not a future date
  - Should not be the date the medical certifier was licensed
47. **Registrar’s Signature**
- May be signed provided all criteria is met
  - Must be the registrar for the county of death in #19 and have “DTP-YYYY” under the “Note:” in the lower left corner of the certificate
  - Only signed once the certificate has been checked and if the presenter requires long form copies.
48. **For Registrar Only**
- Blank unless #47 is signed. Must be the date signed by the local registrar.
49. **Decedent’s Education**
- Must be marked
  - Infants will have 8<sup>th</sup> grade or less marked
50. **Decedent of Hispanic Origin?**
- Must be marked
51. **Decedent’s Race**
- Must be marked (even if Hispanic Origin is selected)
52. **Decedent’s Usual Occupation**
- Must be present
53. **Kind of Business/Industry**
- Must be present
- **Embalmed or Not Embalmed**
- Must be marked
- **Embalmer Information**
- Everything must be blank if not embalmed
  - “If embalmed” must be completed
    - Student Name and License Number may be blank if the decedent was not embalmed by a student
    - Date should be the same as or after the date of death
    - City or Town and State must be present
    - Date Certified (Month, Day, Year) must be the same as or after the date of death if completed



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**AFFIDAVIT FOR CORRECTION OF A BIRTH OR DEATH RECORD**

STATE FILE NUMBER

Indicate below the type of certificate to be amended or corrected. PRINT or TYPE the information identifying the certificate and the item to be changed. *This form must be signed in the presence of a Notary Public or the request cannot be processed and will be returned.*

**Please note:**

1. Affidavits containing erasures, write-overs and/or white-out, faxed or reproduced copies of completed form will not be accepted.
2. An item which has been amended once by an affidavit cannot be amended again by an affidavit; it will require a Court Order.

Mail the completed form to: **Missouri Department of Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102-0570**

Before me appears Name of Person Signing who, upon his/her oath, states that the original record of birth/death for  
(PRESENT LEGAL NAME) (CIRCLE ONE)

Decedent's Name on Record born/died Date of Death in the State of Missouri.  
(NAME AS SHOWN ON RECORD) (CIRCLE ONE) (MONTH/DAY/YEAR)

**SHOULD BE CORRECTED AS FOLLOWS:**

|                    |                    |                              |
|--------------------|--------------------|------------------------------|
| FOR STATE USE ONLY | ITEM NO./ITEM NAME | SHOULD READ                  |
|                    | Box number         | What should be on the record |
|                    | INSTEAD OF         | What is on the record now    |
|                    | ITEM NO./ITEM NAME | SHOULD READ                  |
|                    | INSTEAD OF         |                              |
|                    | ITEM NO./ITEM NAME | SHOULD READ                  |
|                    | INSTEAD OF         |                              |
|                    | ITEM NO./ITEM NAME | SHOULD READ                  |
|                    | INSTEAD OF         |                              |
|                    | ITEM NO./ITEM NAME | SHOULD READ                  |
| INSTEAD OF         |                    |                              |

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

AFFIANT SIGNATURE (MUST BE SIGNED IN PRESENCE OF NOTARY)

Signed in front of notary

RELATIONSHIP

Job Title

PRESENT ADDRESS (STREET, AND/OR P.O. BOX, CITY, STATE, ZIP)

Complete work address

NOTARY PUBLIC EMBOSSER SEAL

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF 20

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW

**Must be completed by a notary**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**AFFIDAVIT FOR CORRECTION OF A BIRTH OR DEATH RECORD**

STATE FILE NUMBER

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**Please note:**

1. Affidavits containing erasures, write-overs and/or white-out, faxed or reproduced copies of completed form will not be accepted.
2. An item which has been amended once by an affidavit cannot be amended again by an affidavit; it will require a Court Order.

Mail the completed form to:

**Missouri Department of Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102-0570**

Before me appears \_\_\_\_\_ who, upon his/her oath, states that the original record of birth/death for  
(PRESENT LEGAL NAME) (CIRCLE ONE)

born/died \_\_\_\_\_ in the State of Missouri.  
(NAME AS SHOWN ON RECORD) (CIRCLE ONE) (MONTH/DAY/YEAR)

**SHOULD BE CORRECTED AS FOLLOWS:**

FOR STATE USE ONLY

|                    |             |
|--------------------|-------------|
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |
| ITEM NO./ITEM NAME | SHOULD READ |
| INSTEAD OF         |             |

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

AFFIANT SIGNATURE (MUST BE SIGNED IN PRESENCE OF NOTARY)

RELATIONSHIP

PRESENT ADDRESS (STREET, AND/OR P.O. BOX, CITY, STATE, ZIP)

NOTARY PUBLIC EMBOSSER SEAL

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS  
DAY OF 20

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)



## Where to Find Forms

The following forms can be found at <https://health.mo.gov/IVrecords/>

### General Applications

- Application for a Vital Record – Birth/Death/Fetal/Stillbirth
- Application for a Vital Record – Statement of Marriage/Divorce

### General Affidavits

- Affidavit for Correction of a Birth or Death Record
- Affidavit of Homeless or Unaccompanied Youth Status for Fee Exempt Certified Copy of Birth Certificate

### Legitimation

- Affidavit When Father is Deceased
- Affidavit When Mother is Deceased
- Father's Affidavit to Legitimate Birth Record
- Mother's Affidavit to Legitimate Birth Record

### Missouri Adoptee Rights Act (MARAA)

- Application for Non-Certified Copy of Original (Pre-Adoptive) Birth Certificate by Adoptee, Adoptee's Attorney or Birth Parent
- Application for Non-Certified Copy of Original (Pre-Adoptive) Birth Certificate by Lineal Descendant
- Adoptee Contact Preference Form
- Birth Parent Contact Preference Form
- Birth Parent Medical History Form

### Paternity

- Affidavit Acknowledging Paternity Notice of Rights
- Father's Affidavit Acknowledging Paternity
- Husband's Denial of Paternity
- Mother's Affidavit Acknowledging Paternity
- Rescission of Affidavit Acknowledging Paternity

### Putative Father Registry

- Notice of Intent to Claim Paternity
- Request for Search of Putative Father Registry

### For Professional Use Only

- Application/Report of Marriage
- Certificate of Live Birth
- Certificate of Decree of Adoption
- Complication Report for Post-Abortion Care
- Certificate of Death
- MoEVR User Access Request Form
- Report of Induced Termination of Pregnancy

# Importance of Death Certificates

## Families

- Handle final disposition of the body
- Closing out business affairs of the decedent
- Terminate benefits before an overpayment is made
- Gain access to bank accounts
- Utilize life insurance policies
- Transfer property ownership
- Provide closure

## Public Health

- Leading cause of death
- Life expectancy
- Plan/evaluate programs

## Medical Field

- Determine where future research funding should be allocated
- Measure progress of medical interventions
- Measure health outcomes
- Monitor prevalence of disease

## Why We Do What We Do:

<https://health.mo.gov/data/vitalrecords/pdf/whywedowhatwedo.pdf>

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

Links & Information on this document can be found at:  
<https://health.mo.gov/data/vitalrecords/training/index.php>

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.



[Module 1: Medical Certifier Rules and Regulations Training](#)  
[Module 2: MoEVR Login & Password Reset](#)  
[Module 3: MoEVR Medical Certification Process](#)  
[Module 4: Death Certificate Affidavit of Correction and Query Letters](#)  
[Module 5: MoEVR Knowledge Check](#)



The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4.**



According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the [comprehensive training and instructional materials](#) made available by the National Center for Health Statistics.

**Website for MoEVR Login:** <https://moevr.dhss.mo.gov/>

**PHONE . E-MAIL . FAX**

P: (573) 751-6387, Option 4  
E: [MoEVRsupport@health.mo.gov](mailto:MoEVRsupport@health.mo.gov)  
F: (573) 526-3846

**MAILING . ADDRESS**

Missouri Department of  
Health and Senior Services  
Bureau of Vital Records  
930 Wildwood Drive  
Jefferson City, MO 65109



**MISSOURI ELECTRONIC VITAL RECORDS**

The Missouri Electronic Vital Records (MoEVR) system is designed to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services - Bureau of Vital Records. This system is for professional use only by entities such as hospitals/birthing facilities, attending physicians, funeral directors, medical examiners, coroners, and embalmers. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death, or reports of fetal death is punishable in accordance with Missouri statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death, or Report of Fetal Death for events occurring within the State of Missouri.

I understand that failure to adhere to the above agreement will result in loss of access to the MoEVR system. Any unauthorized access, misuse, and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

**LOGIN**



## Bureau of Vital Records Contact List

**930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109** [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

| TEAM MEMBER         | TITLE/SERVICE AREA                        | PHONE        | EMAIL                                                                                    |
|---------------------|-------------------------------------------|--------------|------------------------------------------------------------------------------------------|
| Ken Palermo         | State Registrar                           | 573-522-2808 | <a href="mailto:ken.palermo@health.mo.gov">ken.palermo@health.mo.gov</a>                 |
| Joyce Luebbering    | Bureau Chief                              | 573-526-4717 | <a href="mailto:joyce.luebbering@health.mo.gov">joyce.luebbering@health.mo.gov</a>       |
| Dylan Bryant        | Deputy Bureau Chief                       | 573-526-1511 | <a href="mailto:dylan.bryant@health.mo.gov">dylan.bryant@health.mo.gov</a>               |
| Chris Bursnall      | Field Representative,<br>Southeast Region | 573-751-6375 | <a href="mailto:chris.bursnall@health.mo.gov">chris.bursnall@health.mo.gov</a>           |
| Eron Foster         | Field Representative,<br>Eastern Region   | 573-522-1712 | <a href="mailto:eron.foster@health.mo.gov">eron.foster@health.mo.gov</a>                 |
| Scott Long          | Field Representative,<br>Southwest Region | 573-522-3233 | <a href="mailto:scott.long@health.mo.gov">scott.long@health.mo.gov</a>                   |
| Tammy Thrasher      | Field Representative,<br>Northern Region  | 573-751-9026 | <a href="mailto:tamara.thrasher@health.mo.gov">tamara.thrasher@health.mo.gov</a>         |
| Breanna Werdehausen | Field Representative,<br>Central Region   | 573-751-1691 | <a href="mailto:breanna.werdehausen@health.mo.gov">breanna.werdehausen@health.mo.gov</a> |

|                                                               |                           |                     |                                                                                          |
|---------------------------------------------------------------|---------------------------|---------------------|------------------------------------------------------------------------------------------|
| <b>Bureau of Vital Records Main Line</b>                      |                           | 573-751-6387        | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Certification Unit                                            | Issues Vital Records      | 573-751-6387, Opt 1 | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Amendment Unit                                                | Corrects Vital Records    | 573-751-6387, Opt 2 | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Central Processing Unit                                       | Registers Vital Records   | 573-751-6387, Opt 3 | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Field Representatives                                         | MoEVR/Stakeholder Support | 573-751-6387, Opt 4 | <a href="mailto:MoEVRsupport@health.mo.gov">MoEVRsupport@health.mo.gov</a>               |
| LPHA/County Dedicated Email Support (15 minute response time) |                           |                     | <a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a> |

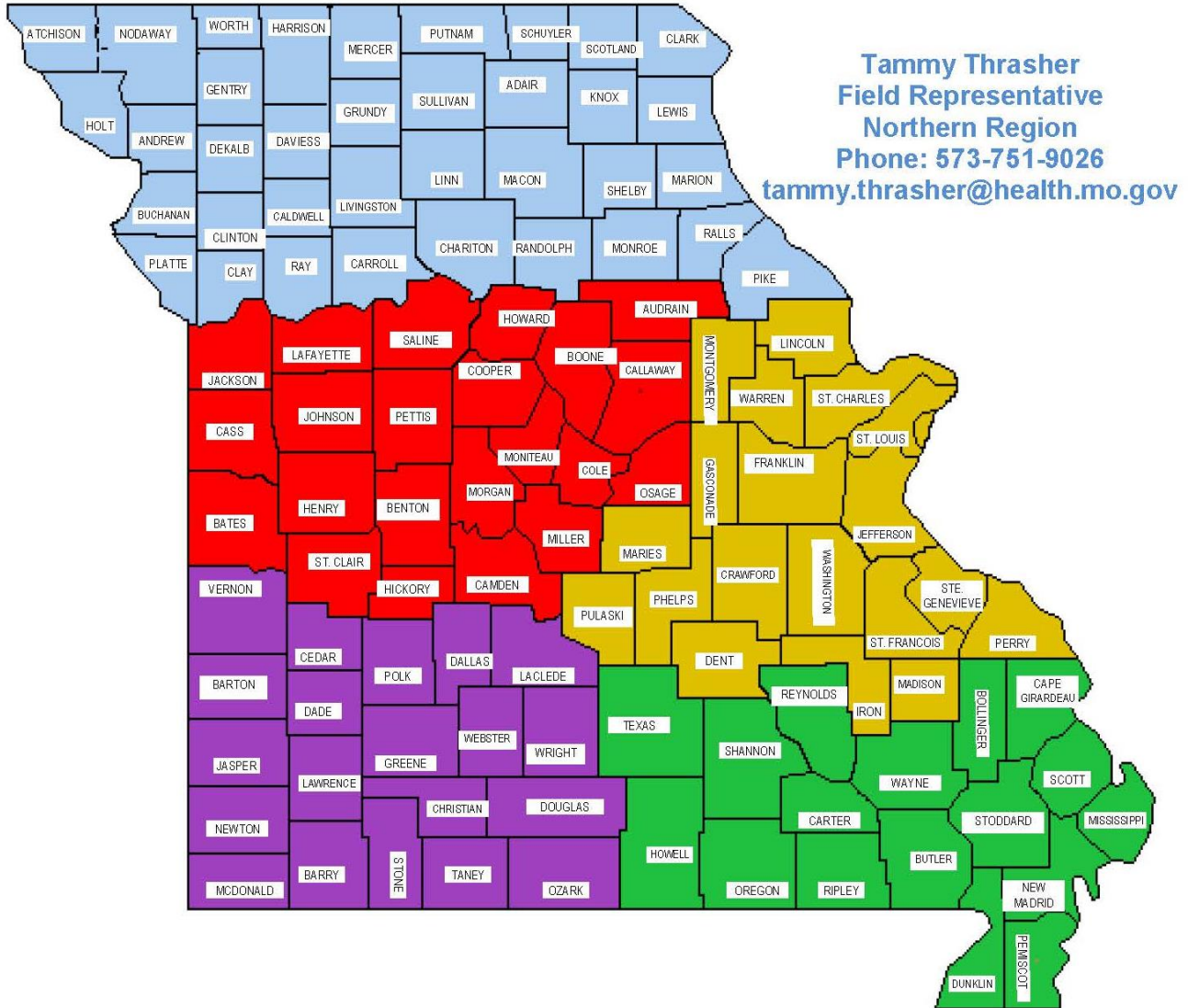
|                           |                                  |              |
|---------------------------|----------------------------------|--------------|
| <b>ITSD</b>               | PROD/TN 3270 Help Desk           | 573-751-6388 |
| <b>To Order Supplies:</b> | Fax request on agency letterhead | 573-526-3846 |



## Health Program Representative Assigned Counties

Bureau of Vital Records  
930 Wildwood Drive  
Jefferson City, MO 65109  
**MoEVR Help Desk:**  
**573-751-6387, Option 4**

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**[breanna.werdehausen@health.mo.gov](mailto:breanna.werdehausen@health.mo.gov)**



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**Field Representative**  
**Southwestern Region**  
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**Field Representative**  
**Southeastern Region**  
**Phone: 573-751-6375**  
**[chris.bursnall@health.mo.gov](mailto:chris.bursnall@health.mo.gov)**

**Eron Foster**  
**Field Representative**  
**Eastern Region**  
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| ERON 522-1712 |     | BREANNA 751-1691 |     | SCOTT 522-3233 |     | TAMMY 751-9026 |     | CHRIS 751-6375 |     |
|---------------|-----|------------------|-----|----------------|-----|----------------|-----|----------------|-----|
| CRAWFORD      | 55  | AUDRAIN          | 7   | BARRY          | 9   | ADAIR          | 1   | BOLLINGER      | 17  |
| DENT          | 65  | BATES            | 13  | BARTON         | 11  | ANDREW         | 3   | BUTLER         | 23  |
| FRANKLIN      | 71  | BENTON           | 15  | CEDAR          | 39  | ATCHISON       | 5   | CAPE GIRAR     | 31  |
| GASCONADE     | 73  | BOONE            | 19  | CHRISTIAN      | 43  | BUCHANAN       | 21  | CARTER         | 35  |
| IRON          | 93  | CALLAWAY         | 27  | DADE           | 57  | CALDWELL       | 25  | DUNKLIN        | 69  |
| JEFFERSON     | 99  | CAMDEN           | 29  | DALLAS         | 59  | CARROLL        | 33  | HOWELL         | 91  |
| LINCOLN       | 113 | CASS             | 37  | DOUGLAS        | 67  | CHARITON       | 41  | MISSISSIPPI    | 133 |
| MADISON       | 123 | COLE             | 51  | GREENE         | 77  | CLARK          | 45  | NEW MADRID     | 143 |
| MARIES        | 125 | COOPER           | 53  | JASPER         | 97  | CLAY           | 47  | OREGON         | 149 |
| MONTGOMERY    | 139 | HENRY            | 83  | JOPLIN CITY    |     | CLINTON        | 49  | PEMISCOT       | 155 |
| PERRY         | 157 | HICKORY          | 85  | LACLEDE        | 105 | DAVIESS        | 61  | REYNOLDS       | 179 |
| PHELPS        | 161 | HOWARD           | 89  | LAWRENCE       | 109 | DEKALB         | 63  | RIPLEY         | 181 |
| PULASKI       | 169 | JACKSON          | 95  | MCDONALD       | 119 | GENTRY         | 75  | SCOTT          | 201 |
| ST CHARLES    | 183 | JOHNSON          | 101 | NEWTON         | 145 | GRUNDY         | 79  | SHANNON        | 203 |
| ST FRANCOIS   | 187 | KANSAS CITY      |     | OZARK          | 153 | HARRISON       | 81  | STODDARD       | 207 |
| ST LOUIS      | 189 | LAFAYETTE        | 107 | POLK           | 167 | HOLT           | 87  | TEXAS          | 215 |
| ST LOUIS CITY | 510 | MILLER           | 113 | STONE          | 209 | KNOX           | 103 | WAYNE          | 223 |
| STE GENEVIEVE | 193 | MONITEAU         | 135 | TANEY          | 213 | LEWIS          | 111 |                |     |
| WARREN        | 219 | MORGAN           | 141 | VERNON         | 217 | LINN           | 115 |                |     |
| WASHINGTON    | 221 | OSAGE            | 151 | WEBSTER        | 225 | LIVINGSTON     | 117 |                |     |
|               |     | PETTIS           | 159 | WRIGHT         | 229 | MACON          | 121 |                |     |
|               |     | SALINE           | 195 |                |     | MARION         | 127 |                |     |
|               |     | ST CLAIR         | 185 |                |     | MERCER         | 129 |                |     |
|               |     |                  |     |                |     | MONROE         | 137 |                |     |
|               |     |                  |     |                |     | NODAWAY        | 147 |                |     |
|               |     |                  |     |                |     | PIKE           | 163 |                |     |
|               |     |                  |     |                |     | PLATTE         | 165 |                |     |
|               |     |                  |     |                |     | PUTNAM         | 171 |                |     |
|               |     |                  |     |                |     | RALLS          | 173 |                |     |
|               |     |                  |     |                |     | RANDOLPH       | 175 |                |     |
|               |     |                  |     |                |     | RAY            | 177 |                |     |
|               |     |                  |     |                |     | SCHUYLER       | 197 |                |     |
|               |     |                  |     |                |     | SCOTLAND       | 199 |                |     |
|               |     |                  |     |                |     | SHELBY         | 205 |                |     |
|               |     |                  |     |                |     | SULLIVAN       | 211 |                |     |
|               |     |                  |     |                |     | WORTH          | 227 |                |     |

# Bureau of Vital Records Training Evaluation

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1. Please rate the training you received today:

Excellent   Above Average   Average   Below Average   Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?